



December 22, 2015 CCO Webinar Questions and Answers

1. Question: When will ISBs be able to enter their time online?

Response: A representative from Veridian stated this is not a feature that is currently available and at this time Veridian does not have a time frame of when this can be implemented. Veridian will keep the ISBs updated if this feature becomes available.

2. Question: When billing online for a daily rate they only bill for one day or one hour should it be in the remarks for the hours used I know in several of my cases they are 24 hours a day that is needed how is that going to affect the over time. I know with my son it is 24 hour care.

Response: The actual hours worked during the day should be recorded on the timecard using the "start time" and "end time" fields.

3. Question: May a case manager reauthorize unused respite when there is no savings account?

Response: For an Intellectual Disabilities (ID) waiver member with an annual respite cap, additional respite can be authorized at any time during the member's waiver year as long as the total respite authorization does not exceed the annual cap amount.

4. Question: Regarding the CCO Employees and Brokers needing to enroll as a provider. This question was posed at the Town Hall meeting in Dubuque. The DHS reps stated Brokers and employees would need to enroll. This was strongly questioned at that time, but the DHS Reps. were positive of this.

Response: CCO employees and Independent Support Brokers are not enrolled as an Iowa Medicaid Provider. Veridian, as the Financial Management System and payer of CCO services, is the enrolled Iowa Medicaid provider.

5. Question: Is Veridian contracting with all 4 MCOs?

Response: A representative from Veridian stated they are in the process of contracting with all MCOs.



6. Question: Do you want us to put an Overtime Savings on the budget or will Veridian just take the money out of Respite Savings?

Response: If the member would like to utilize savings specifically to pay for potential employee overtime, a savings plan must be developed specifically for overtime pay and approved by IME prior to implementation.

7. Question: Can fencing for safety be included under CCO?

Response: Fencing would require prior authorization through Home and Vehicle Modification under CCO in order for it to be approved on the member's CCO budget.

8. Question: You had said that after January 1 we will need to go through ISIS to re-enter any unused respite care. Two questions in regards to that... [The submitted question was incomplete.]

Response: With the ID waiver, the member has a maximum of \$7262 available to them to purchase respite during their waiver year. The respite that is returned to Medicaid because it was in CCO savings at the end of the year should still be available for the remainder of the member's waiver year. What should occur:

- Case managers must identify the amount of respite that remains in savings on 12/31.
- They can reauthorize that amount, or any additional amount not to exceed the member's annual respite waiver year cap amount of \$7262.
- If there is respite savings in place on the last day of the member's waiver year, the amount must be used towards the next year's annual \$7262 amount (by rule, members have \$7262 available for ID waiver funded respite)
- CMs should have clear documentation to support the actions taken to reauthorize the respite savings in the case of an audit or Program Integrity review
- CMs are responsible for monitoring the amount of respite that is authorized in a member's service plan and may be liable for funds authorized over the annual amount.

The CCO reauthorization of unused respite is applicable only to the ID waiver. All other waivers authorize a monthly waiver cap amount and the member should budget for respite from the monthly cap.



9. Question: To clarify if savings can be established for NON-Respite services, in the example of a short month, when there is money left over from wage savings, can it be put into savings to be used later for unexpected overtime or longer months when the CCO budget may run short?

Response: Any money or efficiencies left over in the budget should be identified in a savings plan including the specific good or service that will be purchased with the savings. All savings plans are reviewed by IME and subject to approval prior to implementation. Any unused budget funds not identified in an approved savings plan revert back to Medicaid at the end of each month.

10. Question: When CCO employees reach a year to date wage of \$7,000.00, their FUTA tax amount decreases. I was told by Deb Johnson at IME that Veridian should be sending notifications to budget authorities when this occurs. Veridian, as the Financial Management Service does not send notifications to Independent support brokers or named budget authorities. Has IME informed Veridian of their responsibility? If so, will they be sending notifications in 2016?

Response: Members are notified when employees reach the \$7000 threshold through monthly member statements.

11. Question: Related to [...the previous question...], since Veridian hasn't notified CCO providers they should revise their budgets to reflect lower tax rates when employees reach the \$7,000 amount, they've over budgeted small monthly amounts that annually can be hundreds of dollars. This money is then returned to the state. This has been the case for over 1,000 CCO providers for several years, amounting to hundreds of thousands of dollars. When will this money be returned to the members' budgets and can it be deposited as SAVINGS to supplement the budget in the same way and length of time it was withheld?

Response: Veridian is currently working with the state to reconcile the FUTA funds. If there are concerns with over collected FUTA funds, the member should work with Veridian to identify the amount and determine how that will affect the budget.